

BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada Committee for Political Action (PAC)

Registration Form

RECEIVED

MAY 2 7 2016 SECRETARY OF STATE ELECTIONS DIVISION

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		ABC	VE SPA	CE IS FOR OFFICE USE ONLY	
New Registration	PAC (Advocating	(Advocating Passage or Defeat of a Ballot Question)			
Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))					
Amended Registration:	Change Officers	Change Registered Agent		Change Address	
check all that apply	Change Name	Change Name Previous Name of PAC			
Other:					
Name of Committee:		Telephone:			
White Rabbit PAC			775-856-0169		
Mailing Address:					
570 Reactor Way	Re	eno	NV	89502	
Street Name, Number	City		State	Zip Code	
PAC Active Email Address:					
		ach PAC must appoint and keep ral person who resides in the Sta			
Name of Registered Agent:			Telep	ohone:	
Michael Kinney			775-7	722-9201	
Physical Address:					
570 Reactor Way	R	eno	NV	89502	
Street Name, Number	Cit	у	State	Zip Code	
REGISTERED AGENT ACCEL Committee for Political Action.		ept appointment as Registered Ag	ent fo	r the above-named	
X / phal //a-		5-27-2016			
Signature of Registered Agent					

EL400 Revised: 11-5-15



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary). Officer Name and Title: Telephone: Michael Kinney, Committee Member 775-856-0169 Mailing Address: Reno NV 89502 570 Reactor Way Street Name, Number Zip Code City State Officer Name and Title: Telephone: Andrew Barbano, Committee Member 775-856-0169 Mailing Address: NV 89502 570 Reactor Way Reno Street Name, Number City State Zip Code Officer Name and Title: Telephone: Mailing Address: Street Name, Number State Zip Code City Officer Name and Title: Telephone: Mailing Address: Street Name, Number State City Zip Code AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary). Name of Organization: Telephone: Mailing Address: Street Name, Number State Zip Code City Name of Organization: Telephone: Mailing Address: Street Name, Number State Zip Code City Name of Organization: Telephone: Mailing Address: City Street Name, Number State Zip Code SUBMITTED BY: Printed Name: Date: Telephone: Michael Kinney 5-27-2016 775-722-9201

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Revised: 11-5-15

Signature of Representative of Group